FORM B10 (Official Form 10) (Rev. 4/98)				
United States Bankruptcy Court SOUTHERN DISTR 61288, Houston TX 77208 (Houston Div	vision)	PROOF OF CLAIM		
Name of Debtors	Case Number			
Stage Stores, Inc., a Delaware corporationSpecialty Retailers, Inc., a Texas corporationSpecialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-35097 Creditor ID#: United States Bankruptcy Court Southern District of Texas FILED		
Name of Croditor (The person or other activity as when the deliter is a	· · · · · · · · · · · · · · · · · · ·			
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else a filed a proof of claim relating to your claim.	2000 ZUUU		
Knox County Treasurer	Attach copy of statement giving particulars.	Michael N. Milby, Clerk		
Name and address where notices should be sent: ***********************************	Check box if you have never received any notices from the bankruptcy court in this case			
111 N 7th St Vincennes IN 47591-2040	Check box if the address differs from the address on the envelope sent to you by the court.			
Account or other number by which creditor identifies debtor: $033 - 919 - 0000 - 003 - 030$	Check here replaces	iously filed claim, dated:		
1. Basis for Claim Goods sold Services performed Money loaned	Retiree benefits as defined in 11 L Wages, salaries, and compensation Your SS#:	n (Fill out below)		
Personal injury/wrongful death X Taxes	Unpaid compensation for services	performed		
Other	from to	(date)		
2. Date debt was incurred: 1999	3. If court judgment, date ob	tained:		
4. Total Amount of Claim at Time Case Filed: \$ 5 8 6 2	ete Item 5 or 6 below.	Attach itemized statement of all interest or		
5. Secured Claim. — Check this box if your claim is secured by collateral (including a right of setoff).	6. Unsecured Priority Claim, Check this box if you have an an Amount entitled to priority \$			
Brief Description of Collateral: Real Estate Motor Vehicle Other All personal and intangible property of Debtor's Estate Value of Collateral: \$	Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).			
Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$	Taxes or penalties owed to government Other – Specify applicable paragraph of	f 11 U.S.C. § 507(a). 98 and every 3 years thereafter with respect to		
 7. Credits: The amount of all payments on this claim has been credited and determined the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such notes, purchase orders, invoices, itemized statements of running accounts, concourt judgments, mortgages, security agreements, and evidence of perfection of DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your enclose a stamped, self-addressed envelope and copy of this proof of claim. 	ch as promissory stracts, of lien.	— —This-Space-Is-for-Gourt-Use-Only-		
Sign and print the name and title, if any, of the creditor or of (attach copy of power of attorney, if any): Pam Steininger Gam Stein		581		
Penalty for presenting fraudulent claim: Fine of up to \$500,00	00 or imprisonment for up to 5 years, or both.	18 U.S.C. §§ 152 and 3571.		

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SEE IMPORTANT NOTICE ON REVERSE SIDE **ENCLOSE SELF ADDRESSED STAMPED**

PARCEL NUMBER DUPLICATE NO. Treasurer not responsible for amissions or changes EXAMINE RE-CEIPTS AND SEE THAT DESCRIPTIONS ARE CORRECT AND COMPLETE CORRECT ANY ERROR IN ADDRESS

RETURN ALL "A" COPIES WHEN PAYING FIRST INSTALLMENT AND ALL "B" COPIES WHEN PAYING SECOND INSTALLMENT This is a volid receipt when stamped paid or validated by the County treasurer Checks must clear or receipt is void. WHEN PAYING FULL YEAR'S TAX ES ON OR BEFORE MAY 10. ADD TOTAL DUE EACH INSTALLMENT

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